

RELATION TO JUNCTION

0=Nonjunction
1=Intersection
2=Intersection Related
3=Interchange Area
4=Driveway Access
5=Rail Grade Crossing
6=Crossover Related
9=Unknown

RELATION TO ROADWAY

1=On Roadway
2=Shoulder
3=Median
4=Roadside
5=Outside of Right-of-way
6=Off Roadway - Location Unknown
7=In Parking Zone
9=Unknown

CHARACTER OF ROADWAY

1=Straight Road - Level
2=Straight Road - Hillcrest
3=Straight Road - On Grade
4=Curve - Level
5=Curve - Hillcrest
6=Curve - On Grade
9=Unknown

ROADWAY FLOW

1=Not Physically Divided
2=Divided, Median Strip
3=Divided, Physical Barrier
4=One-Way Trafficway
9=Unknown

TRAFFIC CONTROL DEVICE TYPE

0=No Controls
1=Stop Sign
2=Yield Sign
3=Traffic Control Signal
4=Flashing Signal
5=RR Crossing Signal
6=RR Crossbucks/Pavement Markings/Signs
7=Other *
9=Unknown

SPECIAL LOCATION

0=Not Special Location
1=Bridge - Veh. Traveling Over
2=Bridge - Veh. Traveling Under
3=Railroad Crossing
4=Entrance or Exit Ramp
9=Unknown

LIGHT CONDITIONS

1=Daylight
2=Dawn
3=Dusk
4=Dark - Lighted
5=Dark - Not Lighted
6=Dark - Lighting Unknown
9=Unknown

WEATHER CONDITIONS

1=Clear
2=Cloudy
3=Raining
4=Sleet, Hail, Freezing Rain
5=Snowing
6=Fog, Smoke
7=Dust Storm
97=Other *
99=Unknown

ROADWAY SURFACE CONDITION

1=Dry
2=Wet
3=Ice
4=Frost
5=Slush
6=Snow
7=Mud
97=Other *
99=Unknown

ROADWAY SURFACE TYPE

1=Concrete
2=Blacktop
3=Gravel
4=Dirt
7=Other *
9=Unknown

SCHOOL BUS INVOLVED ACCIDENT

0=No Involvement
1=School Bus Involved
9=Unknown

OBJECTS HIT Code up to 2, enter 0 in unused boxes. Start with top box.

0=No Objects Hit
1=Building
2=Culvert
3=Mailbox
4=Curb
5=Wall
6=Median Divider
7=Embankment
8=Approach
9=Fence
10=Guardrail
11=Light Pole
12=Sign Post
13=Utility Pole
14=Delineator Post
15=Impact Attenuator
16=Bridge - Veh. Traveling Over
17=Bridge - Veh. Traveling Under
18=Tree/Shrubbery
19=Rock
20=Barricade
21=Animal - Wild (Deer, Antelope)
22=Animal - Domestic (Cow, Horse, Hog)
97=Other *
99=Unknown

CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - VISION OBSCUREMENT

Code up to 2, enter 0 in unused boxes.
Start with top box.

0=None
1=Fog, Smoke
2=Blowing Soil, Dirt, Sand
3=Rain, Snow, Sleet, Hail
4=Windshield or Other Window Obscured by Frost, Snow, Mud, etc.
5=Glare From Sun, Lights, Reflection
6=Trees, Crops, Bushes, Other Vegetation
7=Snowbank
8=Hill
9=Curve
10=Motor Vehicle (Including Load) Not parked
11=Motor Vehicle (Including Load) Parked
12=Buildings
13=Signs, Billboards, etc.
97=Other *
99=Unknown

CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - OTHER

Code up to 2, enter 0 in unused boxes.
Start with top box.

0=None
1=Crosswind
2=Wind from Passing Vehicle
3=Slippery Surface
4=Shoulder (High, Low, Soft)
5=Debris, Objects, Animals or Vehicles in Road
6=Ruts, Holes, Bumps in the Road
7=Phantom Vehicle in Road
8=Pedestrians, Bicyclists, Other Non-occupants in Road
9=Construction or Maintenance Created Conditions
10=Traffic Control Device Malfunction or Missing
97=Other *
99=Unknown

CONSTRUCTION MAINTENANCE ZONE

0=None
1=Construction Zone
2=Maintenance Zone
9=Unknown

HAZARDOUS MATERIALS SPILLED

0=No Spill
1=Material Spilled *
9=Unknown

AGENCY FILING REPORT

1=Highway Patrol
2=Sheriff Department
3=Municipal/City Police
4=BIA
5=Tribal Police
7=Other *

ON SCENE/OFF SCENE

1=On Scene One or More Accident Vehicle(s) Present
2=On Scene Accident Vehicle(s) Not Present
3=Off Scene

* SPECIFY IN NARRATIVE

LOCATION PRIOR TO IMPACT

For Occupants

1 2 3
4 5 6
7 8 9

10=Front Seat Other
11=Second Seat Other
12=Third Seat Other
13=Sleeper Section of Cab (Truck)
14=Riding on Exterior of Vehicle
15=Other Passenger (Bus, etc.)
16=Motorcycle or Bicycle Passenger
99=Unknown

For Pedestrians

1=In Intersection
2=In Crosswalk
3=Nonintersection - In Roadway
4=Nonintersection - Shoulder or Parking Zone
5=Nonintersection - Other
99=Unknown

SAFETY EQUIPMENT

0=No Safety Equipment Used
1=Lap Belt Only Used
2=Shoulder Harness Only Used
3=Lap Belt and Shoulder Harness Used
4=Helmet Only
5=Eye Protection Only
6=Helmet and Eye Protection
7=Child/Youth Restraint System Used Properly
8=Child/Youth Restraint System Used, But Not Properly
97=Other *
99=Unknown

AGE

0=Infants Under 1 Year Old
1=96=Enter Actual Age
97=97 or Older
99=Unknown

SEX

1=Male
2=Female
9=Unknown

EJECTION

0=Not Appl. - Ped., Bicycle, Motorcycle
1=Not Ejected
2=Partial Ejection
3=Total Ejection
9=Unknown

INJURY CLASS

0=No Injury
1=Fatal
2=Incapacitating Injury
3=Nonincapacitating Injury
4=Possible Injury

ORIGINAL

UNIT NO.

OFF-ICE USE

AGE

SEX

EJECTION

INJURY

LOCATION

SAFETY EQ.

UNIT 1 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHERUNIT 2 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER

Name, (Last, First, M.I.)

Address

Name, (Last, First, M.I.)

Address

Name, (Last, First, M.I.)

Address

Name, (Last, First, M.I.)

Address

LIST INJURED PASSENGERS ONLY

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OFFICE USE ONLY

ACCIDENT NUMBER - OFFICE USE ONLY

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ALCOHOL/DRUG INVOLVEMENT
0=None
1=Alcohol Only
2=Drugs Only
3=Alcohol and Drugs
9=Unknown

BAC TEST RESULTS
Actual BAC
94=Test Refused
95=No Test Given
96=BAC Test Given but Sample Unusable
97=BAC Test Given but Results Unobtainable at Time Report Filed
99=Unknown

VEHICLE TYPE/BODY STYLE
1=2 Wheel Drive Passenger Car
2=4 Wheel Drive Passenger Car
3=2 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, etc.)
4=4 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, Jeep C.J. etc.)
5=2 Wheel Drive Truck Based Station Wagon (Suburban, Travelall, etc.)
6=4 Wheel Drive Truck Based Station Wagon (Suburban, Travelall, etc.)
7=2 Wheel Drive Pickup
8=4 Wheel Drive Pickup
9=2 Wheel Drive Pickup with Camper
10=4 Wheel Drive Pickup with Camper
11=Van
12=Bus
13=Straight Truck
14=Straight Truck with Trailer
15=Truck Tractor Only
16=Truck Tractor with Single Semitrailer
17=Truck Tractor with Two or More Trailers
18=Motor Home
19=Moped
20=Motorcycle
21=Snowmobile
22=Farm Machinery
23=Heavy Equipment
97=Other
99=Unknown

HIT AND RUN
0=No Hit and Run
1=Hit and Run
9=Unknown

DRIVER LICENSE STATUS
1=Valid License for this Type of Vehicle
2=Restricted Permit
3=Instruction Permit
4=Licensed but Not for this Type of Vehicle
5=Expired License
6=Suspended/Revoked License
7=No License Required
8=No License
97=Other
99=Unknown

DRIVER LICENSE RESTRICTIONS COMPLIANCE
0=No Restrictions - Does Not Apply
1=All Restrictions Complied With
2=Restrictions Not Complied With
3=No Driver License
9=Unknown

VEHICLE MANEUVER
1= Straight Ahead
2= Turning Right
3= Turning Left
4= Making U-Turn
5= Backing
6= Passing
7= Parked Properly
8= Parked Improperly
9= Parking Maneuvers
10= Immobile from Previous Accident
11= Stopped in Traffic
12= Entering Roadway from Parking Zone
97= Other
99= Unknown

FIRE OCCURRENCE
0= No Fire
1= Fire Before Accident
2= Fire as a Result of Accident
9= Unknown

CONTRIBUTING CIRCUMSTANCES - DRIVER, BICYCLIST or PED.
Code up to 3, enter 0 in unused boxes. Start with top box.
0=None
1=Exceeded Speed Limit
2=Exceeded Safe Speed but Not Limit
3=Driving Under Posted Minimum Speed
4=Failed to Yield to Pedestrian
5=Failed to Yield to Vehicle
6=Failed to Stop for Stop Sign or Flashing Red
7=Disregarded Stop and Go Signal
8=Disregarded Other Traffic Control Device Sign
9=Improper Signal or Failure to Signal
10=Turning from Wrong Lane
11=Improper Turn
12=Improper Lane Change
13=Following too Closely
14=Wrong Side of Road
15=Improper Passing
16=Improper Start from Parked Position
17=Improper Parking
18=Improper Backing
19=Failure to Comply with License Restrictions
20=Distracted by Object, Person(s) Inside Car
21=Drinking
22=Drugs - Medication
23=Drugs - Other
24=Fell Asleep
25=Illness (Heart Attack, Stroke, etc.)
26=Physical Impairment
27=Illegally in Roadway
28=Clothing not Visible - PED. USE ONLY
97=Other
99=Unknown

VEHICLE DAMAGE SEVERITY
0=No Damage to Motor Vehicle
1=Disabling Damage to Motor Vehicle
2=Functional Damage to Motor Vehicle
3=Other Damage to Motor Vehicle
9=Unknown

CONTRIBUTING CIRCUMSTANCES - VEHICLE
Code up to 2 per vehicle, enter 0 in unused boxes. Start with top box.
0=None
1=Brakes
2=Steering
3=Power Train
4=Suspension
5=Tires
6=Exhaust
7=Headlights
8=Signal Lights
9=Taillights
10=Horn
11=Windows/Windshield
12=Wheels
13=Truck Coupling/Trailer Hitch/Safety Chains
14=Cargo
15=Fuel System
16=Mirrors
17=Wipers
18=Body, Doors, Hood
97=Other
99=Unknown

PEDESTRIAN ACTION
1=Entered or Crossing Road
2=Walking with Traffic
3=Walking against Traffic
4=Approaching or Leaving a Motor Vehicle
5=Working on Vehicle
6=Other Working
7=Standing
8=Playing
9=Lying
97=Other
99=Unknown

TRAILER TYPE/ATTACHMENT
0=No Trailer/Attachment
1=Semitrailer - Single
2=Semitrailer - Two or More
3=Mobile Home
4=Camping Trailer
5=Utility Trailer - 1 Axle
6=Utility Trailer - 2 Axles
7=Farm Trailer (Gravity Box, Hay Rack, Etc.)
8=Boat Trailer
9=Horse Trailer
10=Towed Motor Vehicle
11=Farm Equipment (Disk, Plow, Etc.)
97=Other
99=Unknown

*** SPECIFY IN NARRATIVE**

1

2

Police Notification Date
MO. DA YR.

And Time
24 Hour Clock

Police Arrival Date
MO. DA YR.

And Time
24 Hour Clock

Officer Filing Report

Photos Taken
☐ Yes ☐ No

1

2

Officer Approving Report

MO. Approval Date
DA YR.

Agency Name

No. Motor Vehicles

No. Motor Vehicle Drivers

1

2

List Damaged Objects:

List Owner And Address:

List Damage Amount in Dollars for Objects: \$

HARMFUL EVENT

For each vehicle state the event which caused the most harm to the vehicle or its occupants. A death to an occupant has precedence over an injury and an injury has precedence over damage to the vehicle. (See examples in instructional manual)

VEH. 1:

VEH. 2:

VEHICLE 1
DAMAGE AREA
(Shade Damaged Areas)

DIRECTION OF TRAVEL BEFORE ACCIDENT
N ☐ S ☐ E ☐ W ☐ Parked ☐



SPEED LIMIT (mph)

EST TRAVEL SPEED (mph)

☐ TOP ☐ BOTTOM ☐ ROLLOVER
Property Damage Amount Veh. And Contents \$

Speed-How Estimated ☐ Officer Estimate ☐ Driver Statement ☐ Occupant Statement ☐ Witness Statement ☐ No Estimate

Vehicle Towed Away Yes ☐ No ☐

VEHICLE 2
DAMAGE AREA
(Shade Damaged Areas)

DIRECTION OF TRAVEL BEFORE ACCIDENT
N ☐ S ☐ E ☐ W ☐ Parked ☐



SPEED LIMIT (mph)

EST TRAVEL SPEED (mph)

☐ TOP ☐ BOTTOM ☐ ROLLOVER
Property Damage Amount Veh. And Contents \$

Speed-How Estimated ☐ Officer Estimate ☐ Driver Statement ☐ Occupant Statement ☐ Witness Statement ☐ No Estimate

Vehicle Towed Away Yes ☐ No ☐

PROOF OF FINANCIAL RESPONSIBILITY

UNIT 1	Policy #	EFF. DT.	UNIT 2	Policy #	EFF. DT.
Insurer:		EXP. DT.	Insurer:		EXP. DT.

NARRATIVE: DESCRIBE WHAT HAPPENED

ACCIDENT DIAGRAM



INDICATE NORTH

1	8	1	RELATION TO JUNCTION 0=Nonjunction 1=Intersection 2=Intersection Related 3=Interchange Area 4=Driveway Access 5=Rail Grade Crossing 6=Crossover Related 9=Unknown	12	21	0
2		2	RELATION TO ROADWAY 1=On Roadway 2=Shoulder 3=Median 4=Roadside 5=Outside of Right-of-way 6=Off Roadway - Location Unknown 7=In Parking Zone 9=Unknown			
3	8	3	CHARACTER OF ROADWAY 1=Straight Road - Level 2=Straight Road - Hillcrest 3=Straight Road - On Grade 4=Curve - Level 5=Curve - Hillcrest 6=Curve - On Grade 9=Unknown			
4	8	4	ROADWAY FLOW 1=Not Physically Divided 2=Divided, Median Strip 3=Divided, Physical Barrier 4=One-Way Trafficway 9=Unknown			
5	8	5	TRAFFIC CONTROL DEVICE TYPE 0=No Controls 1=Stop Sign 2=Yield Sign 3=Traffic Control Signal 4=Flashing Signal 5=RR Crossing Signal 6=RR Crossbucks/Pavement Markings/Signs 7=Other * 9=Unknown			
6	8	6	SPECIAL LOCATION 0=Not Special Location 1=Bridge - Veh. Traveling Over 2=Bridge - Veh. Traveling Under 3=Railroad Crossing 4=Entrance or Exit Ramp 9=Unknown			
7		7	LIGHT CONDITIONS 1=Daylight 2=Dawn 3=Dusk 4=Dark - Lighted 5=Dark - Not Lighted 6=Dark - Lighting Unknown 9=Unknown			
8		8	WEATHER CONDITIONS 1=Clear 2=Cloudy 3=Raining 4=Sleet, Hail, Freezing Rain 5=Snowing 6=Fog, Smoke 7=Dust Storm 97=Other * 99=Unknown			
9		9	ROADWAY SURFACE CONDITION 1=Dry 2=Wet 3=Ice 4=Frost 5=Slush 6=Snow 7=Mud 97=Other * 99=Unknown			
10	8	10	ROADWAY SURFACE TYPE 1=Concrete 2=Blacktop 3=Gravel 4=Dirt 7=Other * 9=Unknown			
11	8	11	SCHOOL BUS INVOLVED ACCIDENT 0=No Involvement 1=School Bus Involved 9=Unknown			
			OBJECTS HIT Code up to 2, enter 0 in unused boxes. Start with top box. 0=No Objects Hit 1=Building 2=Culvert 3=Mailbox 4=Curb 5=Wall 6=Median Divider 7=Embankment 8=Approach 9=Fence 10=Guardrail 11=Light Pole 12=Sign Post 13=Utility Pole 14=Delineator Post 15=Impact Attenuator 16=Bridge - Veh. Traveling Over 17=Bridge - Veh. Traveling Under 18=Tree/Shrubbery 19=Rock 20=Barricade 21=Animal - Wild (Deer, Antelope) 22=Animal - Domestic (Cow, Horse, Hog) 97=Other 99=Unknown	13		
			CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - VISION OBSCUREMENT Code up to 2, enter 0 in unused boxes. Start with top box. 0=None 1=Fog, Smoke 2=Blowing Soil, Dirt, Sand 3=Rain, Snow, Sleet, Hail 4=Windshield or Other Window Obscured by Frost, Snow, Mud, etc 5=Glare From Sun, Lights, Reflection 6=Trees, Crops, Bushes, Other Vegetation 7=Snowbank 8=Hill 9=Curve 10=Motor Vehicle (Including Load) Not parked 11=Motor Vehicle (Including Load) Parked 12=Buildings 13=Signs, Billboards, etc 97=Other * 99=Unknown	14	98	98
			CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - OTHER Code up to 2, enter 0 in unused boxes. Start with top box. 0=None 1=Crosswind 2=Wind from Passing Vehicle 3=Slippery Surface 4=Shoulder (High, Low, Soft) 5=Debris, Objects, Animals or Vehicles in Road 6=Ruts, Holes, Bumps in the Road 7=Phantom Vehicle in Road 8=Pedestrians, Bicyclists, Other Non-occupants in Road 9=Construction or Maintenance Created Conditions 10=Traffic Control Device Malfunction or Missing 97=Other 99=Unknown	15	8	8
			CONSTRUCTION MAINTENANCE ZONE 0=None 1=Construction Zone 2=Maintenance Zone 9=Unknown	16		
			HAZARDOUS MATERIALS SPILLED 0=No Spill 1=Material Spilled * 9=Unknown	17		
			AGENCY FILING REPORT 1=Highway Patrol 2=Sheriff Department 3=Municipal/City Police 4=BIA 5=Tribal Police 7=Other *	18		
			ON SCENE/OFF SCENE 1=On Scene One or More Accident Vehicle(s) Present 2=On Scene Accident Vehicle(s) Not Present 3=Off Scene			
			LOCATION PRIOR TO IMPACT For Occupants 1 2 3 4 5 6 7 8 9 10=Front Seat Other 11=Second Seat Other 12=Third Seat Other 13=Sleeper Section of Cab (Truck) 14=Riding on Exterior of Vehicle 15=Other Passenger (Bus, etc.) 16=Motorcycle or Bicycle Passenger 99=Unknown For Pedestrians 1=In Intersection 2=In Crosswalk 3=Nonintersection - In Roadway 4=Nonintersection - Shoulder or Parking Zone 5=Nonintersection - Other 99=Unknown			
			SAFETY EQUIPMENT 0=No Safety Equipment Used 1=Lap Belt Only Used 2=Shoulder Harness Only Used 3=Lap Belt and Shoulder Harness Used 4=Helmet Only 5=Eye Protection Only 6=Helmet and Eye Protection 7=Child/Youth Restraint System Used Properly 8=Child/Youth Restraint System Used, But Not Properly 97=Other 99=Unknown			
			AGE 0=Infants Under 1 Year Old 1-96=Enter Actual Age 97-99=Older 99=Unknown			
			SEX 1=Male 2=Female 9=Unknown			
			EJECTION 0=Not Appl. - Ped., Bicycle, Motorcycle 1=Not Ejected 2=Partial Ejection 3=Total Ejection 9=Unknown			
			INJURY CLASS 0=No Injury 1=Fatal 2=Incapacitating Injury 3=Nonincapacitating Injury 4=Possible Injury			

* SPECIFY IN NARRATIVE

ORIGINAL

UNIT 1 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER

UNIT NO	OFF-ICE USE	AGE	SEX	EJECTION	INJURY	LOCATION	SAFETY EQ.
				1	0	1	98

MOC

FHE

OFFICE USE ONLY

ACCIDENT NUMBER - OFFICE USE ONLY

SD INVESTIGATOR'S PROPERTY DAMAGE ONLY WILD ANIMAL MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Date of Accident MO. DA. YR.			And Time 24 Hour Clock		Day of Week - Check one <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Unk.								<input type="checkbox"/> DAY
---------------------------------	--	--	---------------------------	--	---	--	--	--	--	--	--	--	---------------------------------

County _____ City Accident Occurred In/ Or Indicate Rural _____

_____	<input type="checkbox"/> Miles & Tenths	N	S	E	W	_____	_____	_____	_____
	<input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

(1st) _____	<input type="checkbox"/> Miles & Tenths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} of Junction or City Limits } of _____	x _____
(2nd) _____	<input type="checkbox"/> Miles & Tenths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(3rd) _____	<input type="checkbox"/> Miles & Tenths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Road on Which Accident Occurred _____

At Its Intersection With _____

_____	Feet	N	S	E	W	_____	Class	Hwy. No.	Suffix
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

(Show Nearest Intersecting Street)

UNIT 1☐ - MOTOR VEHICLE

Full Name (Last, First, Middle) _____

Address _____ City _____ State _____

Date Of Birth MO DA YR Driver's License Number _____

State Of Lic. _____ List Restriction(s) Not Complied With ☐ None or NAOwners's Full Name ☐ Check If Same As Driver

Address _____ City _____ State _____

Model Yr. _____ Make _____ Model _____

Vehicle Registration Plate No. _____ Plate Yr. _____ State _____

ORIGINAL

UNIT 1 - ☐ MV DRIVER ☐ PEDESTRIAN ☐ BICYCLE DR. ☐ OTHER

UNIT NO	OFF-ICE USE	AGE	SEX	EJECTION	INJURY	LOCATION	SAFETY EQ
				1	0	1	98

OFFICE USE ONLY

ACCIDENT NUMBER - OFFICE USE ONLY

ALCOHOL/DRUG INVOLVEMENT

0=None
1=Alcohol Only
2=Drugs Only
3=Alcohol and Drugs
9=Unknown

BAC TEST RESULTS

Actual BAC
94=Test Refused
95=No Test Given
96=BAC Test Given but Sample Unusable
97=BAC Test Given but Results Unobtainable at Time Report Filed
99=Unknown

VEHICLE TYPE/BODY STYLE

1=2 Wheel Drive Passenger Car	13=Straight Truck
2=4 Wheel Drive Passenger Car	14=Straight Truck with Trailer
3=2 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, etc.)	15=Truck Tractor Only
4=4 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, Jeep C.J., etc.)	16=Truck Tractor with Single Semitrailer
5=2 Wheel Drive Truck Based Station Wagon (Suburban, Travelall, etc.)	17=Truck Tractor with Two or More Trailers
6=4 Wheel Drive Truck Based Station Wagon (Suburban, Travelall, etc.)	18=Motor Home
7=2 Wheel Drive Pickup	19=Moped
8=4 Wheel Drive Pickup	20=Motorcycle
9=2 Wheel Drive Pickup with Camper	21=Snowmobile
10=4 Wheel Drive Pickup with Camper	22=Farm Machinery
11=Van	23=Heavy Equipment
12=Bus	97=Other
	99=Unknown

HIT AND RUN

0=No Hit and Run
1=Hit and Run
9=Unknown

DRIVER LICENSE STATUS

1=Valid License for this Type of Vehicle	5=Expired License
2=Restricted Permit	6=Suspended/Revoked License
3=Instruction Permit	7=No License Required
4=Licensed but Not for this Type of Vehicle	8=No License
	97=Other *
	99=Unknown

FIRE OCCURRENCE

0=No Fire
1=Fire Before Accident
2=Fire as a Result of Accident
9=Unknown

DRIVER LICENSE RESTRICTIONS COMPLIANCE

0=No Restrictions - Does Not Apply
1=All Restrictions Complied With
2=Restrictions Not Complied With
3=No Driver License
9=Unknown

* SPECIFY IN NARRATIVE

VEHICLE MANEUVER

1=Straight Ahead	8=Parked Improperly
2=Turning Right	9=Parking Maneuvers
3=Turning Left	10=Immobile from Previous Accident
4=Making U-Turn	11=Stopped in Traffic
5=Backing	12=Entering Roadway from Parking Zone
6=Passing	97=Other
7=Parked Properly	99=Unknown

VEHICLE DAMAGE SEVERITY

0=No Damage to Motor Vehicle
1=Disabling Damage to Motor Vehicle
2=Functional Damage to Motor Vehicle
3=Other Damage to Motor Vehicle
9=Unknown

CONTRIBUTING CIRCUMSTANCES - DRIVER, BICYCLIST or PED.

Code up to 3, enter 0 in unused boxes.
Start with top box.

0=None	15=Improper Passing
1=Exceeded Speed Limit	16=Improper Start from Parked Position
2=Exceeded Safe Speed but Not Limit	17=Improper Parking
3=Driving Under Posted Minimum Speed	18=Improper Backing
4=Failed to Yield to Pedestrian	19=Failure to Comply with License Restrictions
5=Failed to Yield to Vehicle	20=Distracted by Object, Person(s) Inside Car
6=Failed to Stop for Stop Sign or Flashing Red	21=Drinking
7=Disregarded Stop and Go Signal	22=Drugs - Medication
8=Disregarded Other Traffic Control Device Sign	23=Drugs - Other
9=Improper Signal or Failure to Signal	24=Fell Asleep
10=Turning from Wrong Lane	25=Illness (Heart Attack, Stroke, etc.)
11=Improper Turn	26=Physical Impairment
12=Improper Lane Change	27=Illegally in Roadway
13=Following too Closely	28=Clothing not Visible - PED. USE ONLY
14=Wrong Side of Road	97=Other
	99=Unknown

CONTRIBUTING CIRCUMSTANCES - VEHICLE

Code up to 2 per vehicle, enter 0 in unused boxes.
Start with top box

0=None	11=Windows/ Windshield
1=Brakes	12=Wheels
2=Steering	13=Truck Coupling/Trailer Hitch/ Safety Chains
3=Power Train	14=Cargo
4=Suspension	15=Fuel System
5=Tires	16=Mirrors
6=Exhaust	17=Wipers
7=Headlights	18=Body, Doors, Hood
8=Signal Lights	97=Other *
9=Taillights	99=Unknown
10=Horn	

PEDESTRIAN ACTION

1=Entered or Crossing Road
2=Walking with Traffic
3=Walking against Traffic
4=Approaching or Leaving a Motor Vehicle
5=Working on Vehicle
6=Other Working
7=Standing
8=Playing
9=Lying
97=Other *
99=Unknown

TRAILER TYPE/ATTACHMENT

0=No Trailer/ Attachment	7=Farm Trailer (Gravity Box, Hay Rack, Etc.)
1=Semitrailer - Single	8=Boat Trailer
2=Semitrailer - Two or More	9=Horse Trailer
3=Mobile Home	10=Towed Motor Vehicle
4=Camping Trailer	11=Farm Equipment (Disk, Plow, Etc.)
5=Utility Trailer - 1 Axle	97=Other
6=Utility Trailer - 2 Axles	99=Unknown

A
8¹

Officer Filing Report

G
8¹

Officer Approving Report

Agency Name

B
98¹

DIRECTION OF
TRAVEL BEFORE
ACCIDENT

N ☐ S ☐ E ☐ W ☐ Parked ☐

H
8¹

C
8¹

Property Damage
Amount Veh. _____
And Contents \$ _____

I
8¹

D
8¹

PROOF OF FINANCIAL RESPONSIBILITY

UNIT 1	Policy #	EFF. DT.
Insurer:		EXP. DT.

NARRATIVE: DESCRIBE WHAT HAPPENED

J
98¹

E
98¹
98¹
98¹

K
8¹

L
98¹
98¹

ORIGINAL

M
98¹

South Dakota Uniform Truck/Bus Supplemental Form

Mail To: Department of Transportation, Accident Records Program, 700 East Broadway Ave., Pierre, SD 57501-2586

This form must be used to supplement the State of SD Investigator's Motor Vehicle Traffic Accident Report if the accident involved at least one condition from each box below:

The Accident INVOLVED one or more of the following:

- * a truck having 6 or more tires; OR
- * a vehicle displaying a hazardous material placard; OR
- * a bus designed to carry 16 or more, including driver.

The Accident RESULTED in one or more of the following:

- * a fatality; OR
- * an injury requiring transportation for immediate medical attention; OR
- * one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

Driver Information

Full Name (Last, First, Middle) _____

Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE in Carrier Name blank

Interstate
Commerce? Yes ☐ No ☐

Carrier Name _____

Source (circle one number) 1. Shipping papers 2. Vehicle side 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box) _____

City, State, Zip _____

Carrier Identification Numbers? Yes ☐ No ☐

US DOT _____ ICC MC _____ STATE NO. _____ STATE _____

Vehicle Information

Gross Vehicle Weight Rating (GVWR) _____

A. Truck, tractor or bus _____

B. Trailer or trailers (total) _____

Total GVWR for unit (A+B) _____

Total number of axles _____

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard? Yes ☐ No ☐

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box _____

B. The 1-digit number from bottom of diamond _____

Was hazardous material released from THIS vehicle's cargo? Yes ☐ No ☐

Vehicle Configuration (circle one number)

1. Bus

2. Single unit truck (2 axles/6 or more tires)

3. Single unit truck (3 or more axles)

4. Truck with trailer

5. Truck tractor only (bobtail)

6. Tractor with semi-trailer

7. Tractor with double trailers

8. Tractor with triple trailers

9. Unknown class heavy truck

10. Any other 4-tired vehicle

Cargo Body Type (circle one number)

1. Bus

2. Van/enclosed box

3. Cargo tank

4. Flatbed

5. Dump

6. Concrete mixer

7. Auto transporter

8. Garbage/refuse

9. Other _____

Sequence of Events

Note: for THIS vehicle - list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____

EVENT
CODES

1. Ran Off Road

2. Jackknife

3. Overturn (Rollover)

4. Downhill Runaway

5. Cargo Loss or Shift

6. Explosion or Fire

7. Separation of Units

8. Collision Involving Pedestrian

9. Collision Involving MV in Transport

10. Collision Involving Parked MV

11. Collision Involving Train

12. Collision Involving Pedalcycle

13. Collision Involving Animal

14. Collision Involving Fixed Object

15. Collision Involving Other Object

16. Other

Signature of Reporting Officer

Officer ID

Reporting Police Agency

Date

Time

DEFINITIONS

Truck

A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:

- Have at least 6 tires on the ground, or
- Carry a Hazardous Material Placard.

Bus

A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.

Trailer

A non-power vehicle towed by a motor vehicle.

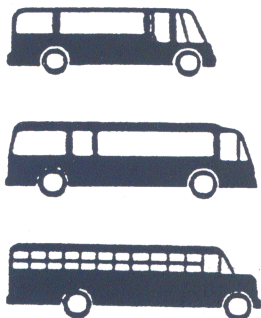
Reportable Accident

A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:

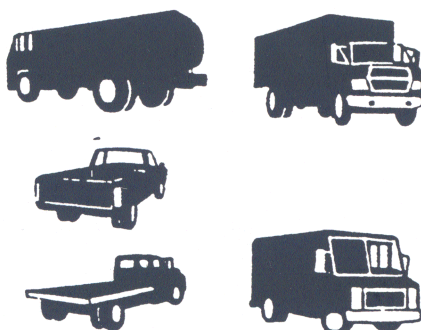
- One or more fatalities, or
- One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or
- One or more of the vehicles being removed from the scene as a result of disabling damage, or
- One or more vehicles requiring intervening assistance before proceeding under its own power.

TYPICAL VEHICLE SILHOUETTES

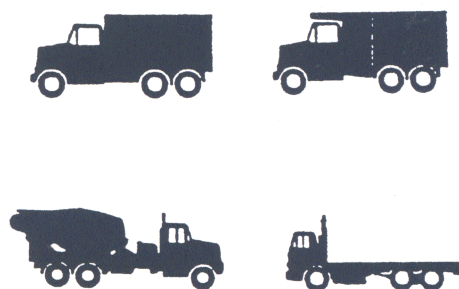
1. Bus



2. Single Unit Truck - 2 axle/6 tire



3. Single Unit Truck - 3 axle



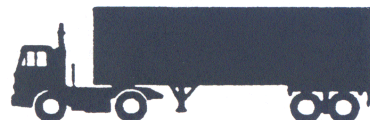
4. Truck with Trailer



5. Truck Tractor (Bobtail)



6. Tractor with Semi-trailer



7. Tractor with Double Trailers



8. Tractor with Triple Trailers



TYPICAL HAZARDOUS MATERIAL PLACARDS

